

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS358AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/10/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAN VICENTE HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8460 RANCHO DESTINO RD LAS VEGAS, NV 89123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of an annual State Licensure and complaint investigation survey conducted in your facility on 9/10/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The facility is licensed for Residential Facility for ten Group beds which provides care for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.  Complaint # NV00013946 was unsubstantiated. Complaint # NV00015687 was unsubstantiated.  The following deficiencies were identified:	Y 000	<i>Acceptable POC 10/27/08 Fabu/Lein #05-II</i>  <b>RECEIVED</b>  OCT 23 2008  BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
Y 180 SS=F	449.209(7) Health and Sanitation-Lighting  NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility.  This Regulation is not met as evidenced by:	Y 180	<i>Y 180 a) Batteries for the emergency lights was checked and changed by Sunrango Fire Protection and now functioning. b) Assistant-administrator will check on a monthly basis during FIRE DRILL that all batteries are good c) Completed 09/11/08 please see attachment #1</i>	

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*Visitacion T. DelaPena RN*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*administrator / owner*  
(X6) DATE  
*10/29/08*

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Y 180	Continued From page 1  Based on observation on 9/10/08, the facility did not ensure that 2 of 3 emergency lights functioned.  Findings include:  The emergency/exit light outside bedroom #3 did not illuminate when tested. The emergency light outside bedroom #5 did not illuminate when tested.  Severity: 2 Scope: 3	Y 180			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility did not obtain the results of an annual physical examination of a resident by their physician for 1 of 9 residents residing in the facility for longer than a year.  Findings include:	Y 859	<p>Y 859 (w)</p> <p>a) Original copies for the annual general physical exam. by the physician was with the resident's family</p> <p>b) administrator will make sure next time only copies will be given to the family or guardian</p> <p>c) completed 09/15/08</p> <p>Please see attachment #1</p>		

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Y 859	Continued From page 2  Resident #8 - Date of admission was 3/16/02. The residents's file did not contain the results of an annual physical examination of the resident by a physician for 2004, 2005, 2006, 2007 and 2008.  Severity: 2 Scope: 1	Y 859		
Y 876 SS=A	449.2742(4) NRS 449.037  NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility failed to ensure that an ultimate user agreement was signed for 2 of 9 residents.  Findings include:  The resident files of Residents #1 and #4 did not contain signed ultimate user agreements that authorized the facility to administer medications to the residents.  Severity: 1 Scope: 1	Y 876	<p>Y 876 (u)</p> <p>a) New form develop for ultimate user agreement between Resident and Facility</p> <p>b) administrator will make sure the form will be signed between the two parties during admission to the facility.</p> <p>c) Completed 09/15/08 please see attachment #3</p>	
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744	Y 898		

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Y 898	<p>Continued From page 3</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) and staff interview on 9/10/08, the facility did not ensure the MAR was accurate for 1 of 9 residents.</p> <p>Findings include:</p> <p>Resident #9 - Review of the medication supplies for Resident #9 revealed that she was prescribed Lorazepam 1 milligram (mg) one tablet every six hours as needed for anxiety. Review of the September 2008 MAR did not list the Lorazepam. The pharmacy label revealed the medication was dispensed on 3/26/08. Review of the MARs for the past six months revealed that the last dose was administered on 3/25/08. The administrator stated the resident had not been having the anxiety and had not required the administration of the Lorazepam since the 3/25/08 dose.</p> <p>Severity: 2 Scope: 1</p>	Y 898	<p>Y 898</p> <p>a) Resident # 9 Primary Physician was contacted and Lorazepam was discontinued as resident no longer manifest any sign of anxiety and agitation</p> <p>b) administrator will monitor and medications no longer in use will be discontinued by MD and returned to Pharmacy for disposal.</p> <p>c) Completed 10/17/08 please see attachment #4</p>	
YA645 SS=B	449.2704(1-5) Rate Agreement  NAC 449.2704	YA645		

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YA645	<p>Continued From page 4</p> <p>The administrator of a residential facility shall, upon request, make the following information available in writing:</p> <ol style="list-style-type: none"> <li>1. The basic rate for the services provided by the facility;</li> <li>2. The schedule for payment;</li> <li>3. The services included in the basic rate;</li> <li>4. The charges for optional services which are not included in the basic rate; and</li> <li>5. The residential facility's policy on refunds of amounts paid but not used.</li> </ol> <p>This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility did not ensure that a rate agreement was provided for 4 of 9 residents signed by the administrator and the resident or a representative for the resident.</p> <p>Findings include:</p> <p>The resident files of Resident #1, #4, #5, and #8 did not contain copies of rate agreements signed by the administrator and the residents or a representative for the residents.</p> <p>Severity: 1 Scope: 2</p>	YA645	<p>YA 645 (u)</p> <p>a) New FORM develop for Rate of agreement including addendum for revision FOR AGING SERVICES WEARC PROGRAM</p> <p>b) ADMINISTRATOR WILL MAKE SURE RATE OF AGREEMENT WILL BE SIGNED WHENEVER A NEW RESIDENT IS ADMITTED TO THE FACILITY.</p> <p>c) COMPLETED 10/01/08 PLEASE SEE ATTACHMENT #</p>	
YA908 SS=A	<p>449.2746(2)(a-f)PRN Medication Record</p> <p>NAC 449.2746</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the</p>	YA908		

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YA908	<p>Continued From page 5</p> <p>medication:</p> <p>(a) The reason for the administration;</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) on 9/10/08, the facility did not ensure that documentation for as needed (PRN) medications was complete for 1 of 9 residents.</p> <p>Finding include:</p> <p>Resident #7 - Review of the September 2008 MAR indicated the resident was receiving Hydrocodone as needed (PRN). The pharmacy label showed that the resident was to receive Hydrocodone/APAP 5/500 mg one tablet up to two times a day as needed for pain. The MAR only listed the name of the medication and not the dose, reason or result for the administration of the Hydrocodone.</p> <p>Severity: 1 Scope: 1</p>		YA908	<p><i>YA 908 (circled)</i></p> <p>a) RESIDENT #7 ADMITTED ON 06/02/08. HYDROCODONE WAS ORDERED PRN. PHYSICIAN VISITED 06/12/08 AND CHANGED ORDER OF HYDROCODONE TO BID PER FAMILY'S REQUEST DUE TO PAIN ON HER KNEES. &gt; PHARMACY NEVER CHANGED THE PRN LABEL TO BID HYDROCODONE NOW D/C'ed CHANGED TO TYLENOL PRN.</p> <p>b) ADMINISTRATOR WILL MONITOR DOUBLE CHECK ALL BOTTLES FROM PHARMACY &amp; WILL CONCIDE WITH PHYSICIANS ORDER.</p> <p>c) COMPLETED 09/25/08 PLEASE SEE ATTACHMENT # 6A &amp; B</p>	

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